



**Report Identification Number: AL-21-019**

**Prepared by: New York State Office of Children & Family Services**

**Issue Date: Jan 13, 2022**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Washington  
**Gender:** Male

**Date of Death:** 08/10/2021  
**Initial Date OCFS Notified:** 08/10/2021

## Presenting Information

An SCR report was received which alleged that on 8/10/21, at approximately 10:38AM, the one-month-old subject child was found unresponsive by the parents. The child was in bed with the parents and was being breastfed by the mother when she fell asleep. The child had no pulse and the mother called emergency services. The child was otherwise healthy and the parents had no explanation for the child's death.

## Executive Summary

This fatality report concerns the death of a one-month-old male subject child that occurred on 8/10/21. A report was registered with the SCR on that same date with allegations of Inadequate Guardianship and DOA/Fatality against the child's mother and father. The child died during an open CPS investigation, which was initiated on 7/11/21 when concerns arose after the birth of the subject child, due to the mother's history of substance misuse. Washington County Department of Social Services (WCDSS) received the fatality report and investigated the child's death. An autopsy was completed; however, the final cause and manner of death were pending at the time of this writing.

At the time of the fatality, the child resided with his mother and father. The mother had three other children who were in the custody of other caregivers, and the father had one other child who was in the custody of her biological mother. The investigation revealed that on 8/10/21, at approximately 5:00AM, the subject child, who had been asleep in a bassinet, awoke fussing. The mother brought the child into bed with her and began breastfeeding. The father was also in the bed asleep at that time. The mother reported she must have "dozed off," and was next awoken by the father saying the mother's arm was covering the child's face and the child was unresponsive. The mother immediately called emergency services and an ambulance responded to the residence. The child was transported to a local hospital where he was pronounced deceased at 10:58AM on 8/10/21.

WCDSS spoke with family members and collateral sources. There was no evidence that the subject child was abused or maltreated, and the parents had been adhering to safe sleep practices prior to the fatality. Both parents submitted to toxicology testing and neither tested positive for illicit substances. The medical examiner noted there were no signs of suffocation found during autopsy, and there were no criminal charges brought against either parent. WCDSS unsubstantiated the allegations against the mother and father, and the investigation was closed.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes



- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

**Determination:**

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

**Explain:**

WCDSS gathered information to determine the allegations and assess the safety of the four-year-old surviving half-sibling.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**  
The case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

### Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)?  Yes  No

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 08/10/2021

Time of Death: 10:58 AM

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: Washington

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other



**Did child have supervision at time of incident leading to death?** Yes

**How long before incident was the child last seen by caretaker?** 5 Hours

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

Distracted

Absent

Asleep

Other:

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	34 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)

### LDSS Response

On 8/10/21, WCDSS received the SCR report regarding the death of SC. WCDSS had been involved with the family since 7/11/21, after a CPS investigation was initiated due to derivative concerns that SM had none of her CHN in her custody at the time she gave birth to SC. Upon receipt of the fatality report, WCDSS initiated their investigation within 24 hours and coordinated their efforts with their MDT.

On the date the report was received, WCDSS met LE at the family's residence. SM and SF were present and were briefly interviewed. SF explained he had arrived home between 1:00AM and 2:00AM on 8/10/21 after working an overnight shift. He stated upon his arrival, he found SM asleep in their bed and SC sleeping in his bassinet. SM reported she woke up around 5:00AM and brought SC into bed to breastfeed him; SF was also in the bed asleep at that time. SM stated she was sitting up in the bed feeding SC, and then was awakened by SF saying her arm was covering SC's face. SM said they immediately called 911 and she began CPR, but SF kept telling her "he was gone." SM reported she must not have realized how tired she was when she began feeding SC in the bed. SM denied she was taking any medications, and both she and SF denied any recent drug or alcohol use.

WCDSS discovered that SF and SM had no contact with 3 of the 4 SSs; however, SM was allowed visitation with the 4yo SS. On 8/11/21, WCDSS completed a visit to the residence of the 4yo SS. WCDSS also spoke with the 4yo SS's guardian who explained she has had custody of SS since 2017, and SM had not seen SS since June 2021. The home environment was observed, and no safety hazards were noted. SS's safety was assessed, and there were no concerns.

On 9/28/21, WCDSS observed photos of SM and SF's residence that were taken by LE. There were no safety hazards seen in the photos, and adequate sleeping provisions were noted.

On 10/5/21. WCDSS reviewed the video recorded interviews LE conducted with SM and SF. SM reported at around 1:45AM, SF returned home from work and they talked and watched TV for a while. SM said she fed SC and changed him, then placed him to sleep in the bassinet while she and SF went to bed themselves. SM stated she awoke to SC crying and brought him into bed with her and SF, placing him in her right arm. SM could not recall what time it was but reported she "must have dozed off" because she was next awakened by SF moving her arm. SF's account of events corroborated SM's



recollection. SF reported SC was asleep in the bassinet when he went to bed, and when he got up to use the bathroom, he noticed SM's arm on SC. SF said SM was asleep sitting upright in the bed, and he yelled to wake her up.

SC's pediatrician noted concerns that SC was small for his gestational age and saw him 4 times since his birth. At each visit, SC appeared healthy and was gaining weight. On 8/3/21, SC was hospitalized due to a fever and congestion. During this hospitalization, SC was found to have a healing rib fracture; however, it was determined it could not be confirmed as an inflicted injury and may have occurred during the birthing process. SC was discharged from the hospital on 8/6/21 with recommendations to follow up with the pediatrician; however, SC died before any additional appointments were made.

The ME noted there were no physical findings of abuse upon examination of SC's body, and there were no signs of suffocation. Toxicology results remained pending at the time of this writing.

WCDSS provided the family with referrals for bereavement services and funeral cost assistance. Additionally, WCDSS assisted the family with securing housing. There was no medical causal link found between the death of the child and the parents' actions or inaction. The parents had been educated surrounding safe sleep, and had been practicing such prior to the fatal incident. WCDSS unsubstantiated the allegations, and the investigation was closed.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**Yes

**Comments:** This fatality investigation was conducted by the Washington County MDT.

**Was the fatality referred to an OCFS approved Child Fatality Review Team?**No

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059309 - Deceased Child, Male, 1 Mons	059310 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
059309 - Deceased Child, Male, 1 Mons	059310 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
059309 - Deceased Child, Male, 1 Mons	059311 - Father, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
059309 - Deceased Child, Male, 1 Mons	059311 - Father, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

WCDSS interviewed the family and collateral sources, and assessed the safety of the 4yo SS. The other 3 SSs were not required to be observed as they had no recent contact with SM or SF. Progress notes were entered within the required timeframes.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 WCDSS offered the family services in response to the child's death. The four-year-old surviving half-sibling that had recent contact with the mother did not reside in the subject child's household.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 The four-year-old surviving half-sibling was assessed as safe and did not need to be removed as a result of this fatality report. The other half-siblings had no recent contact with either parent and were unaware of the fatality.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>





<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 WCDSS provided the parents with bereavement counseling referrals and information on assistance with funeral costs. WCDSS assisted the parents with finding stable housing, and the parents were already engaged with substance misuse treatment providers. The record did not reflect if family planning was discussed.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**  
 Service referrals were offered to the four-year-old surviving half-sibling through his caretakers. The other half-siblings had no contact with their parents and were not aware of the fatality.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes**

**Explain:**  
 Service referrals for grief and bereavement counseling were provided to the parents and caretakers.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

- During pregnancy, mother:**
- Had medical complications / infections
  - Had heavy alcohol use
  - Misused over-the-counter or prescription drugs
  - Smoked tobacco
  - Experienced domestic violence
  - Used illicit drugs
  - Was not noted in the case record to have any of the issues listed

**Infant was born:** Drug exposed With fetal alcohol effects or syndrome With neither of the issues listed noted in case record**CPS - Investigative History Three Years Prior to the Fatality**

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/11/2021	Deceased Child, Male, 2 Days	Mother, Female, 30 Years	Fractures	Unsubstantiated	No
	Deceased Child, Male, 2 Days	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Days	Father, Male, 34 Years	Fractures	Unsubstantiated	
	Deceased Child, Male, 2 Days	Father, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

This SCR report was received with concerns SM gave birth to SC on 7/9/21, and SM's older children were not in her custody because of maltreatment. Due to such, there was a safety concern for the newborn child in SM's care. On 8/5/21, a subsequent SCR report was received with concerns SC sustained a rib fracture which was in the stages of healing, and the parents had no explanation for the injury.

**Report Determination:** Unfounded**Date of Determination:** 08/17/2021**Basis for Determination:**

WCDSS interviewed family members and collateral sources. WCDSS found that 2 of SM's CHN were in the care of PGM, and another relative had custody of the 3rd CH. SM and SF reported histories of substance misuse that led to the CHN needing alternative caregivers, but they were no longer using at the time of SC's birth. SC was born healthy, but small, and was monitored closely by his pediatrician. SC was found to have a healing rib fracture, but also a medical condition that could correlate with such. The doctors noted the fracture may have occurred during birth, and there was no evidence it was inflicted. SC was deemed safe with SM and SF; however, he died while this investigation was ongoing.

**OCFS Review Results:**

This investigation met all statutory requirements.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/14/2019	Sibling, Male, 2 Years	Other Adult - Guardian, Female, 51 Years	Other	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 28 Years	Other	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Female, 45 Years	Other	Unsubstantiated	
	Sibling, Male, 2 Years	Other Adult - Guardian, Male, 51 Years	Other	Unsubstantiated	

**Report Summary:**

Warren County Department of Social Services (Warren DSS) received this court ordered investigation concerning custody of SM's now 4yo CH.

**Report Determination:** Unfounded**Date of Determination:** 03/18/2019

**Basis for Determination:**

Warren DSS interviewed family members and collateral sources. It was revealed that SM's father's ex-wife was awarded custody of the 4yo when he was a newborn due to SM's drug misuse, and the MGM of the CH petitioned the court for custody. The 4yo's father died from an overdose when the CH was 1mo. SM had not seen the CH since 2017 and was incarcerated at the time of this investigation. The MGM had never met the CH and had CPS history in the state she resided. The CH was deemed safe with his caregivers. The INV was closed prior to the return court date.

**OCFS Review Results:**

This investigation met all statutory requirements.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No

**CPS - Investigative History More Than Three Years Prior to the Fatality**

From 2012 to 2017, the mother was named as a subject in seven CPS investigations with common allegations of IG, PD/AM, LS, IF/C/S, OTH/COI, SA, and L/B/W. Of these investigations, two were indicated.

From 2009 to 2017, the father was named as a subject in 11 CPS investigations with common allegations of IG, LS, PD/AM, LMC, and IF/C/S. Of these investigations, four were indicated.

**Known CPS History Outside of NYS**

There was no known CPS history outside of NYS.

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

**Recommended Action(s)**

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Are there any recommended prevention activities resulting from the review?**  Yes  No